

FEDERAL EMERGENCY MANAGEMENT AGENCY RENTED EQUIPMENT SUMMARY RECORD					Page ____ of ____		O.M.B. No. 3067-0151 Expires September 30, 2005	
APPLICANT		PA ID NO.		PROJECT NO.			DISASTER	
LOCATION/SITE				CATEGORY			PERIOD COVERING TO	
DESCRIPTION OF WORK PERFORMED								
TYPE OF EQUIPMENT Indicate size, capacity, horsepower, make and model as appropriate	DATES AND HOURS USED	RATE PER HOUR		TOTAL COST	VENDOR	INVOICE NO.	DATE AND AMOUNT PAID	CHECK NO.
		W/OPR	W/OUT OPR					
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
GRAND TOTAL							\$	
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.								
CERTIFIED		TITLE					DATE	